Revision: HCFA-PM-91-4
AUGUST 1991

(BPD)

ATTACHMENT 2.2-A
Page 1

OMB NO.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

				_						0		
	State:					MICHIGAN						
		GR	OUPS	CO	VERE) AN	D A	GENCI	ES	RESPONSIBLE	FOR	ELIGIBILITY DETERMINATION
	Age	ncy	•	Cita	tion	(s)				Gr	oups	Covered
	The	fo	llow	ing	grou	ps ĉ	are	cove	red	d under this	plan	
						A.				Coverage – C Special Group		orically Needy and Other
MDSS		42	CFR	435	.110		1.	Reci	pie	ents of AFDC		
								The	app	proved State	AFDC	plan includes:
								<u> </u>	π		onth	unemployed parent for the period and an optional months.
								<u>/x/</u>	P	regnant wome	n wi	th no other eligible children.
								<u>/X7</u>	i	n a secondar	y sc	18 who are full-time students hool or in the equivalent all or technical training.
										andards for A ment 1 of <u>ATT</u>		payments are listed in ENT 2.6-A.
MDSS		42	CFR	435	.115		2.	Deem	ed	Recipients o	f AF	DC

a. Individuals denied a title IV-A cash payment solely because the amount would be less than \$10.

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date 2-13-97 Effective Date 10-01-91 Supersedes
TN No. 86-12 HCFA ID: 7983E

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Revision: HCFA-PM-91-4 AUGUST 1991

(BPD)

ATTACHMENT 2.2-A Page 2 OMB NO.: 0938-

MICHIGAN State:__

Citation(s) Agency*

Groups Covered

- A. Mandatory Coverage Categorically Needy and Other Required Special Groups (Continued)
 - 2. Deemed Recipients of AFDC.

1902(a)(10)(A)(i)(I) of the Act

b. Effective October 1, 1990, participants in a work supplementation program under title IV-A and any child or relative of such individual (or other individual living in the same household as such individuals) who would be eligible for AFDC if there were no work supplementation program, in accordance with section 482(e)(6) of the Act.

402(a)(22)(A) of the Act

c. Individuals whose AFDC payments are reduced to zero by reason of recovery of overpayment of AFDC funds.

406(h) and 1902(a)(10)(A) (i)(I) of the Act d. An assistance unit deemed to be receiving AFDC for a period of four calendar months because the family becomes ineligible for AFDC as a result of collection or increased collection of support and meets the requirements of section 406(h) of the Act.

1902(a) of the Act

e. Individuals deemed to be receiving AFDC who meet the requirements of section 473(b)(1) or (2) for whom an adoption assistance agreement is in effect or foster care maintenance payments are being made under title IV-E of the Act.

*Agency that determines eligibility for coverage.

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Supersedes 90-11 TN No.

HCFA ID: 7983E

Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 2a

OMB NO.: 0938-

State: MICHIGAN

Agency* Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

MDSS 407(b), 1902 (a)(10)(A)(i) and 1905(m)(1) of the Act 3. Qualified Family Members

Effective October 1, 1990, qualified family members who would be eligible to receive AFDC under section 407 of the Act because the principal wage earner is unemployed.

Qualified family members are not included because cash assistance payments may be made to families with unemployed parents for 12 months per calendar year.

MDSS 1902(a)(52) and 1925 of the Act

4. Families terminated from AFDC solely because of earnings, hours of employment, or loss of earned income disregards entitled up to twelve months of extended benefits in accordance with section 1925 of the Act. (This provision expires on September 30, 1998.)



*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date 37-92 Effective Date 10-01-91 Supersedes

TN No. 87-19

HCFA ID: 7983E

42 CFR 435.114

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 3a

	State:	MICHIGAN	омв 	NO: 0938-
Agency*	Citation(s)	Groups Cover	ed	orrich)
		atory Coverage - Categorical		eedy and Other

Required Special Groups (Continued)

- 6. Individuals who would be eligible for AFDC except for the increase in OASDI benefits under Pub. L. 92-336 (July 1, 1972), who were entitled to OASDI in August 1972, and who were receiving cash assistance in August 1972.
 - _X_ Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).
 - Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).
 - Not applicable with respect to intermediate care facilities; State did or does not cover this service.

1902(a)(10) MDSS (A) (1) (111) and 1905(n) of the Act

MDSS

- 7. Qualified Pregnant Women and Children.
 - a. A pregnant woman whose pregnancy has been medically verified who--
 - Would be eligible for an AFDC cash (1) payment if the child had been born and was living with her;

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date 3-13-92 Effective Date __10-01-91 Supersedes TN No. N/A HCFA ID: 7983E

ATTACHMENT 2.2-A Page 4a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: MICHIGAN

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10)(A)(I)(IV) and 1902(I)(1)(A) and (B) of the Act 8. Pregnant women and infants under 1 year of age with family incomes up to 133 percent of the Federal poverty level who are described in Section 1902(a) (10)(A)(I)(IV) and 1902(I)(1)(A) and (B) of the Act. The income level for this group is specified in Supplement 1 to ATTACHMENT 2.6-A.

The State uses a percentage greater than 133 but not more than 185 percent of the Federal poverty level, as established in its State plan, State legislation, or State appropriations as of December 19, 1989.

9. Children:

1902(a)(10)(A)(I)(VI) and 1902(I)(1)(C) of the Act

1902(a)(10)(A)(I)(VII) and 1902 (I)(1)(D) if the Act a. who have attained 1 year of age but have not attained 6 years of age, with family incomes at or below 133 percent of the Federal poverty levels.

born after September 30, 1983, who have attained 6 years of age but have not attained 19 years of age, with family incomes at or below 100 percent of the Federal poverty levels. (See Supplement 8a to Attachment 2.6-A)

TN No. 98-05 Supersedes TN No. 92-14 Approval Date 9-17-98

Effective Date 05/01/98

FEBRUARY 1992

ATTACHMENT 2.2-A Page 5

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:			MICHIGAN			
	COVERAGE	AND	CONDITIONS	OF	ELIGIBILITY	OFFICIAL
Citation(s)				Gr	oups Covered	MIDITIO

Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued)

1902(a)(10) (A)(i)(V) and 1905(m) of the Act

10. Individuals other than qualified pregnant women and children under item A.7. above who are members of a family that would be receiving AFDC under section 407 of the Act if the State had not exercised the option under section 407(b)(2)(B)(i) of the Act to limit the number of months for which a family may receive AFDC.

1902(e)(5) of the Act 11. a. A woman who, while pregnant, was eligible for, applied for, and receives Medicaid under the approved State plan on the day her pregnancy ends. The woman continues to be eligible, as though she were pregnant, for all pregnancy-related and postpartum medical assistance under the plan for a 60-day period (beginning on the last day of her pregnancy) and for any remaining days in the month in which the 60th day falls.

1902(e)(6) of the Act b. A pregnant woman who would otherwise lose eligibility because of an increase in income (of the family in which she is a member) during the pregnancy or the postpartum period which extends through the end of the month in which the 60-day period (beginning on the last day of pregnancy) ends.

 $\mathcal{A}(\mathcal{A},\mathcal{A}) = \{\mathcal{A}_{\mathcal{A}},\mathcal{A}_{\mathcal{A}}\}$

FEBRUARY 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		MICHIGAN				
	COVERAGE A	ND CONDITIO	NS OF ELIGIBILITY			
Citation(s)			Groups Covered	. 10		
	A. Ma	andatory Co equired Spe	verage - Categorical cial Groups (Continu	ly Needy and Other		
1902(e)(4) of the Act	12	receivin date of eligible mother r if still	born to a woman who g Medicaid as catego the child's birth. for one year from bemains eligible or we pregnant and the chusehold as the mothe	rically needy on the The child is deemed irth as long as the ould remain eligible ild remains in the		
42 CFR 435.120	13	. Aged, Bl Cash Ass	ind and Disabled Ind	ividuals Receiving		
		<u>X</u> a.	Individuals receivi	ng SSI.		
			of blindness or di disposal of excess agreement with the Administration; and	receiving SSI final determination sability or pending resources under an Social Security beginning sons receiving SSI a) of the Act or ceiving SSI under		

 $egin{array}{c} X & \texttt{Aged} \\ \hline X & \texttt{Blind} \\ \hline X & \texttt{Disabled} \\ \hline \end{array}$

TN No. Approval Date 4-16-92 Effective Date 01-01-92 Supersedes
TN No. 92-02

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AUGUST 1991

ATTACHMENT 2.2-A

Page 6a

	State:		MICHIGAN	————	NO.: 0938-
Agency*	Citation(s))	Groups	s Covered	OFFICIA
	Α.	Mandatory (Required Sp	Coverage - Categ Decial Groups (C	orically Ne	edy and Other
	121 (b)(1) he Act	13. <u>√</u> / b	qualify for be of the Act or SSI status und Act and who me restrictive re month before t SSI under sect requirements u Act. Medicaid individuals co continue to me	or Medicaid (This incl enefits under who meet the ler section t the State quirements he month the ion 1619(a) nder section eligibility ontinues as et the 1619 e requirements	than the SSI udes persons who r section 1619(a) e requirements fo 1619(b)(1) of the 's more for Medicaid in t ey qualified for or met the n 1619(b)(1) of t y for these
			Aged Blind Disabled		
			The more restr		gorical eligibili low:
			ancial criteria CHMENT 2.6-A).	are describ	ed in
*Agency	that determin	nes eligibili	ity for coverage		
TN No. Supersede		pproval Date	3-13-92	Effective I HCFA ID:	7983E

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Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.2-A

Page 6b

0938-

	OME	NO.:	: (
State:	MICHIGAN		
	· ————————————————————————————————————	_	

Agency* Citation(s)

Groups Covered

<u>Mandatory Coverage - Categorically Needy and Other</u> <u>Required Special Groups</u> (Continued) Α.

SSA

1902(a) (10)(A)(i)(II)and 1905 (q) of the Act

- Qualified severely impaired blind and disabled 14. individuals under age 65, who--
 - For the month preceding the first month of a. eligibility under the requirements of section 1905(q)(2) of the Act, received SSI, a State supplemental payment under section 1616 of the Act or under section 212 of P.L. 93-66 or benefits under section 1619(a) of the Act and were eligible for Medicaid; or
 - b. For the month of June 1987, were considered to be receiving SSI under section 1619(b) of the Act and were eligible for Medicaid. These individuals must --
 - Continue to meet the criteria for blindness (1) or have the disabling physical or mental impairment under which the individual was found to be disabled;
 - Except for earnings, continue to meet all (2) nondisability-related requirements for eligibility for SSI benefits;
 - (3) Have unearned income in amounts that would not cause them to be ineligible for a payment under section 1611(b) of the Act;

*Agency that determines eligibility for coverage.

TN No. 92-02 10-01-91 Approval Date 3-/3-92 Effective Date _

Supersedes

TN No. 87-11 HCFA ID: 7983E Revision: HCFA-PM-91-4

Agency*

AUGUST 1991

Citation(s)

(BPD)

ATTACHMENT 2.2-A

Page 6c

OMB NO.: 0938-

MICHIGAN State:_

Groups Covered

- Α. Mandatory Coverage - Categorically Needy and Required Special Groups (Continued)
 - (4) Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and
 - Have earnings that are not sufficient to provide for himself or herself a reasonable (5) equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.
 - Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.

*Agency that determines eligibility for coverage.

TN No. 92-02 Approval Date 3-13-9Z Effective Date _ 10-01-91

Supersedes

TN No. ___87-11

HCFA ID: 7983E